

Name
in
Full

John Arthur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec.	Day 17	Years 79	Months 11	Days 11
Sex	Male	Color or Race	White		Birth-place	Island
Occupation	Retired Farmer		Where Residing if not at place of death		—	
Married, Single or Widowed	Widower	Name of Wife or Husband	Lydia Bare		Father's Birthplace	County of Antrim Ireland
Father's Name	Robert Arthur				Mother's Birthplace	do
Mother's Maiden Name	Margaret Taylor				How related to deceased	Nephew
Name of person giving information	William Arthur					

CAUSES OF DEATH

Heart Failure

Primary From Aculi Indigestion How long half hour

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

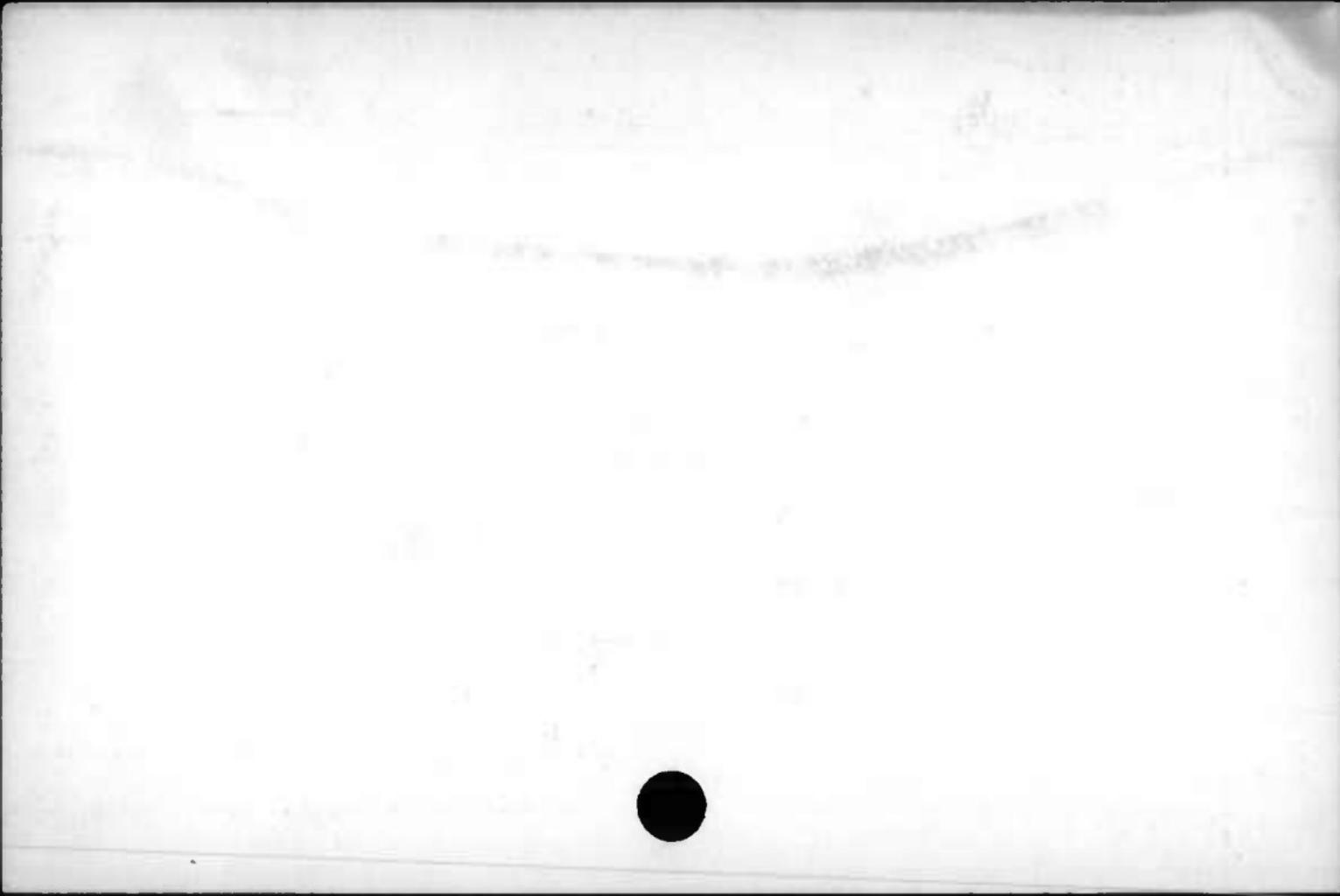
Signature of Physician

Address

Yes

Jacob Vincentard M.D.
Fitzellberg Md

Accident or Suicide?



Name
in
Full

Frances S. Angel.

No. 126
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Carroll Co. Md.		
Occupation	Housewife		Where Residing if not at place of death	Union Bridge Md.			
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs W. Angel.				
Father's Name	Abraham Nall -		Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	John W. Angel		How related to deceased	Husband.			

CAUSES OF DEATH

Primary

Uterine tumor

How long

(2a)

Immediate

Emphyse

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James Pratt
Carroll Co

Md.

Accident or Suicide?

Not. Union

Name
in
Full

Celia A. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1905	Dec	40	5 28
Sex	Color or Race	Birth-place	
Female	Colonel	Maryland	
Occupation	Where Residing if not at place of death		
House Servant			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Alfred Brown	Maryland		
Mother's Maiden Name	Mother's Birthplace		
Kate M Lane	do		
Name of person giving information	How related to deceased		
Jane Brown	Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

6 Months

Immediate

"

How long

few weeks

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. F. Shipley, M.D.
Westminister Ind.

Accident or Suicide?

Emmett Tracy

Name
in
Full

Horace C. Caple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 12	Day 31	Age 21	Years	Months 7	Days 4
Sex	Male	Color or Race	White	Occupation	Birth-place	Maryland	
Married, Single or Widowed	Single						
Name of Wife or Husband							
Father's Name	William Caple						
Mother's Maiden Name	Anna Stein						
Name of person giving Information	Anna Caple						

Father's Birthplace Maryland
Mother's Birthplace Carroll Co.,
How related to deceased Mother,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy		How long	3 yrs.
Immediate	Epileptic convolution		How long	Immediate death
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	ED. Clegg, M.D.	
		Address	Winfield, Md.	
Accident or Suicide?				

Ebenezer

Name
in
Full

Mary A. Case

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name		Ind	
Mother's Maiden Name	Helen Adelspacher	Mother's Birthplace	"
Name of person giving information	Annie Longabburgers	How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis 160 How long 2 years

Immediate Heart Failure 160 How long _____

Are the name, age, sex, color, date and place correctly given above?

yes Signature of Physician

Thos J. Coonan
Watertown

Address

Accident or Suicide?

Shaver
St John's

Name
in
Full

Elias Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death 1905		Month Dec	Day 8	Age 56	Years	Months 5	Days 4
Sex	male	Color or Race	Colored		Birth-place	Carroll Co Md	
Occupation	Laborer		Where Residing if not at place of death				
Marry Single or Widowed	Married	Name of Wife or Husband					
Father's Name	Doris Knou		Father's Birthplace				
Mother's Maiden Name	Don't Knor		Mother's Birthplace				
Name of person giving Information	Joseph Dilcox		How related to deceased				

CAUSES OF DEATH

Primary

Old age

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jay S. Matthias
Westminster
Md.

Accident or Suicide?

Stonar

Ellsworth Cemetery

Name
in
Full

John T. Dovry

CERTIFICATE OF DEATH

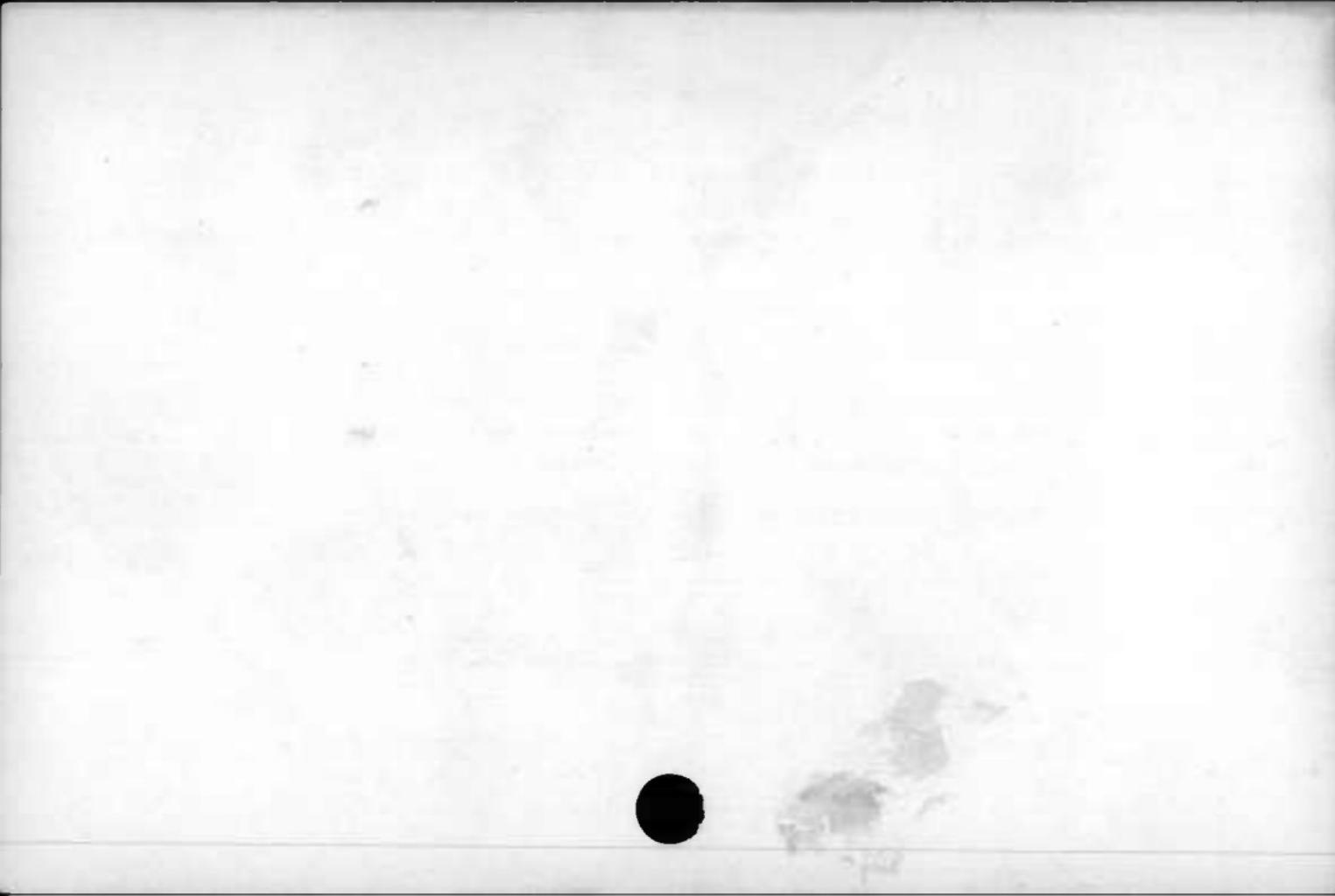
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Springfield Hospital	County Carroll	MARYLAND			
Date of death 1905	Month Dec	Day 13	Years Age 50	Months	Days
Sex male	Color or Race White	Birth- place Md.			
Occupation Salesman	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name Thomas Dovry	Father's Birthplace Reland		
Mother's Maiden Name Annie	"	Mother's Birthplace "			
Name of person giving Information Hospital records.	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Paresis	How long about 2 1/2 years
Immediate General debility	How long
Are the name, age, sex, color, date and place correctly given above? To best of my knowledge	Signature of Physician Chas. J. Carey
Address Springerville Md.	Address
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

Mary Driscoll

Town

Died at Westminster

County

Carroll

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDate Month Day
of death 1905 dec 29Years Months Days
Age 72 — —

Sex Female

Color or
Race whiteBirth-
place Ireland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of wife
Husband

John Driscoll

Father's
Name

Thomas Garvey.

Father
Birthplace

Ireland

Mother's
Maiden Name

Catharine O'Connor

Mother
Birthplace

"

Name of person giving
Information

Catharine Driscoll

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Heart Disease

How long

1 yr

Immediate

Deceased & age

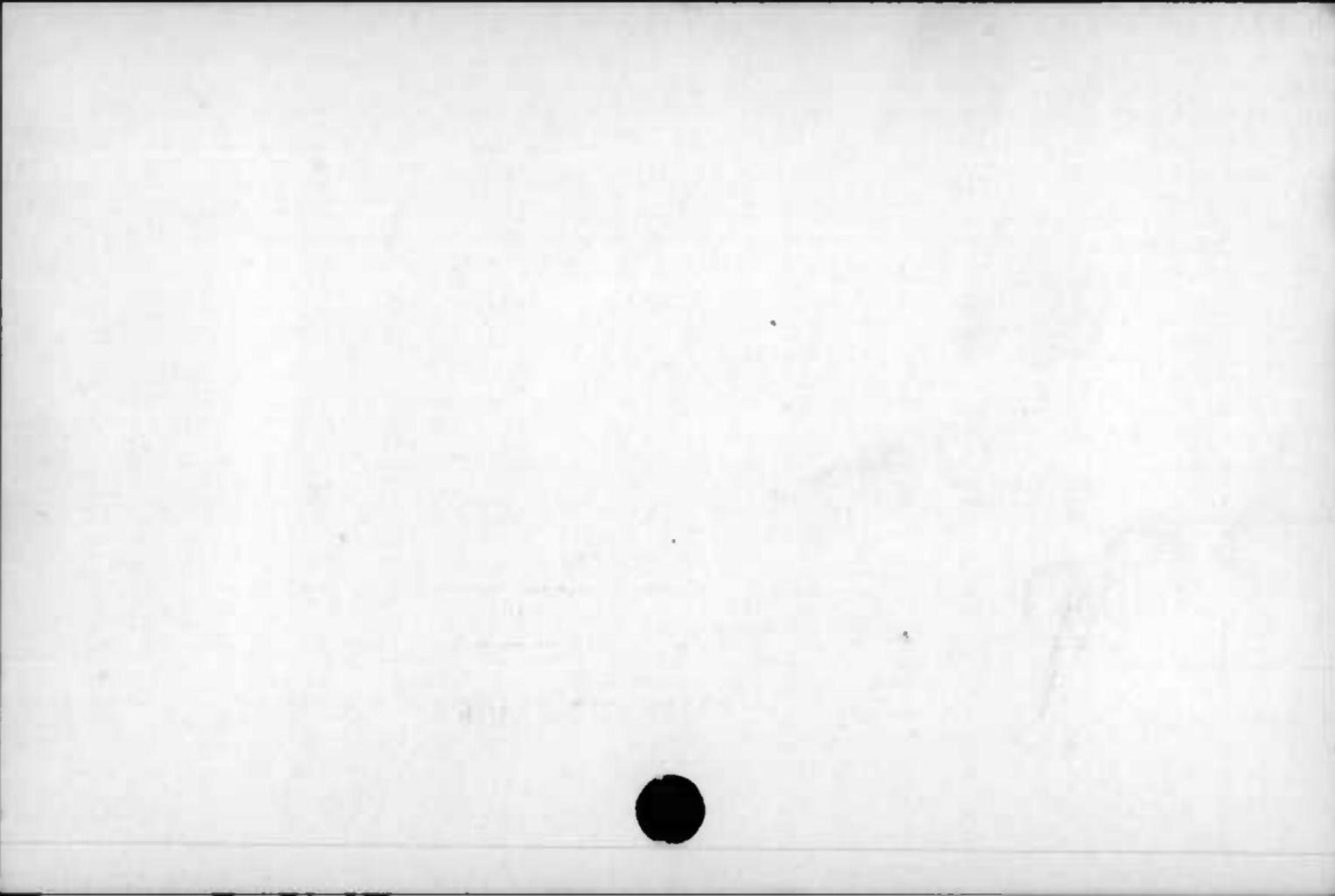
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Pen D'Welle
Westminster
MdPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John Eichorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County			
Date of death	1905	Month Dec	Day 1	Age 76	Years	Months 11
Sex	Male	Color or Race	Germany.			
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Eichorn			
Father's Name	Don't Know		Father's Birthplace			
Mother's Maiden Name	Don't Know		Mother's Birthplace			
Name of person giving Information	Lawrence A. Eichorn		How related to deceased Son			

CAUSES OF DEATH

Primary

Nephritis -

How long

18 mos,

Immediate

Paralysis

How long

36 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Lepas & Co., Inc.
Westminster
Md.

Accident or Suicide?

Westward the Wanderer

Name
in
Full

Chas. W. Elchinson

CERTIFICATE OF DEATH

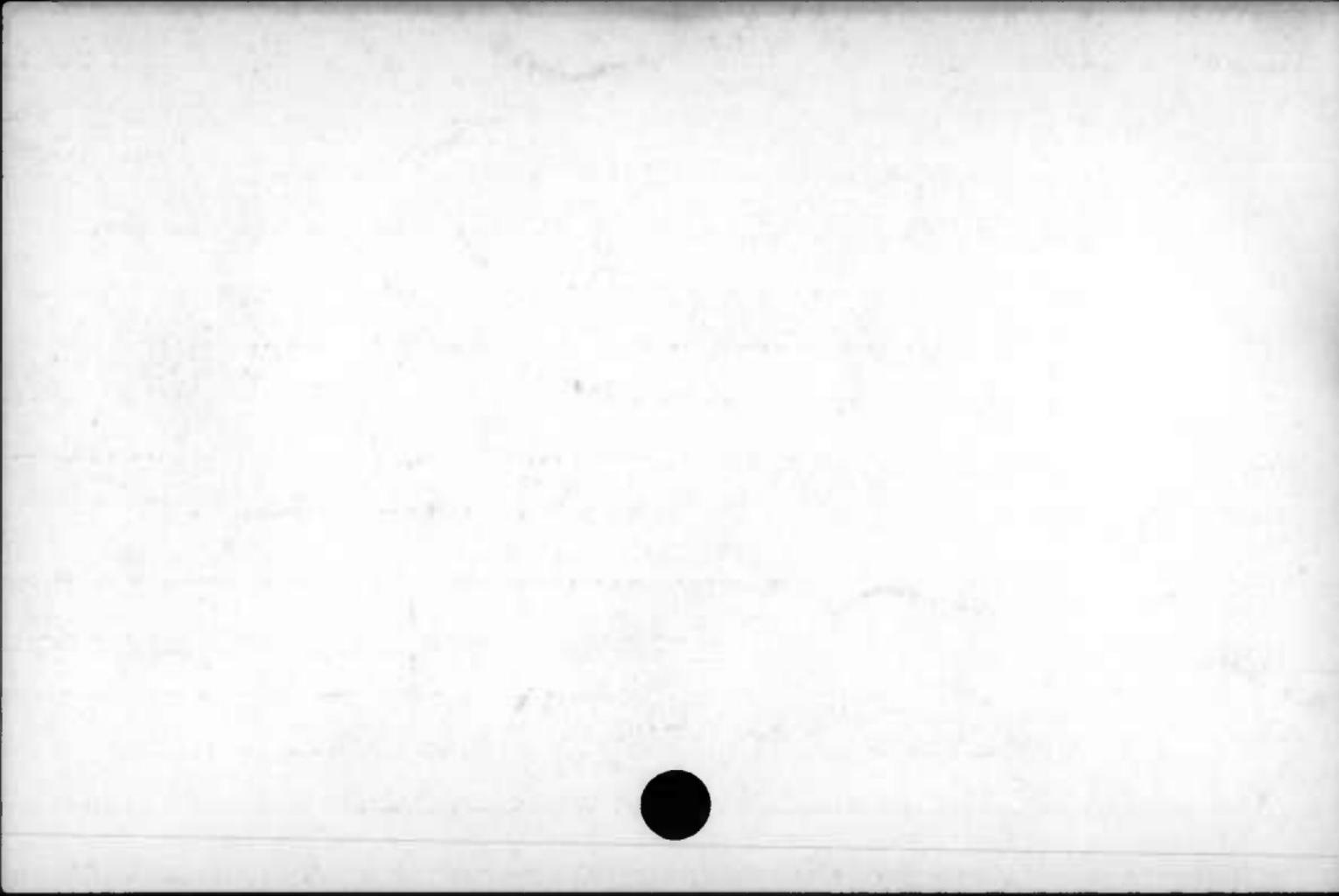
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Sept. airy	Carroll		7	25	
Date of death 1905	Month	Day	Years	Months	Days
Dec.	18		Age 22		
Sex	Males	Color or Race	white American	Birth- place	Sept. airy
Married, Single or Widowed	Single	Occupation	Labour		
Name of Wife or Husband					
Father's Name	John W. Elchinson	Father's Birthplace	Montgomery Co.		
Mother's Maiden Name	Frances E. Hood	Mother's Birthplace	Ridgewell		
Name of person giving Information	Oliver Elchinson	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	all of his life
Immediate	Asphyxia	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature Physician	J. E. Roosevelt
		Address	Sept. airy, Hood
Accident or Suicide?			



Rachael W. Everhart

Town

County

MARYLAND

Died at

Manchester

Carroll

Date 1905

Month Dec Day 27

Y. 70 M. 10 D. 21

Native of

Maryland

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Sarah Weaver

Cause of

Primary

Complication of Disease

How long sick

6 months

Death

Immediate

West Virginia

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant Fleming (M. M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near</u>	own	<u>Daniel</u>	County <u>Carroll</u>	MARYLAND		
Date of death 1905	Month 12	Day 24	Age -	Years -	Months -	Days -
Sex Female	Color or Race white	Birth-place <u>near Daniel</u>				
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>Chas. A. Fleming S</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Sophia Sullivan</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving information <u>Chas. A. Fleming</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long —

Immediate Still Born

How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A T Combs
Winfeld Md.

Accident or Suicide?

Ebinger.

Name
in
Full

Ross Good

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	white	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Joseph Good		Father's Birthplace	Md			
Mother's Maiden Name	Margaret Rogers		Mother's Birthplace	Md			
Name of person giving information	John Leane. Good		How related to deceased	Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Vaccination

How long

3 weeks

Immediate

Tetanus

How long

2½ days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. Birnie Fife
Youngstown
Md

Accident or Suicide?



Name
in
Full

Harry Heitland

CERTIFICATE OF DEATH

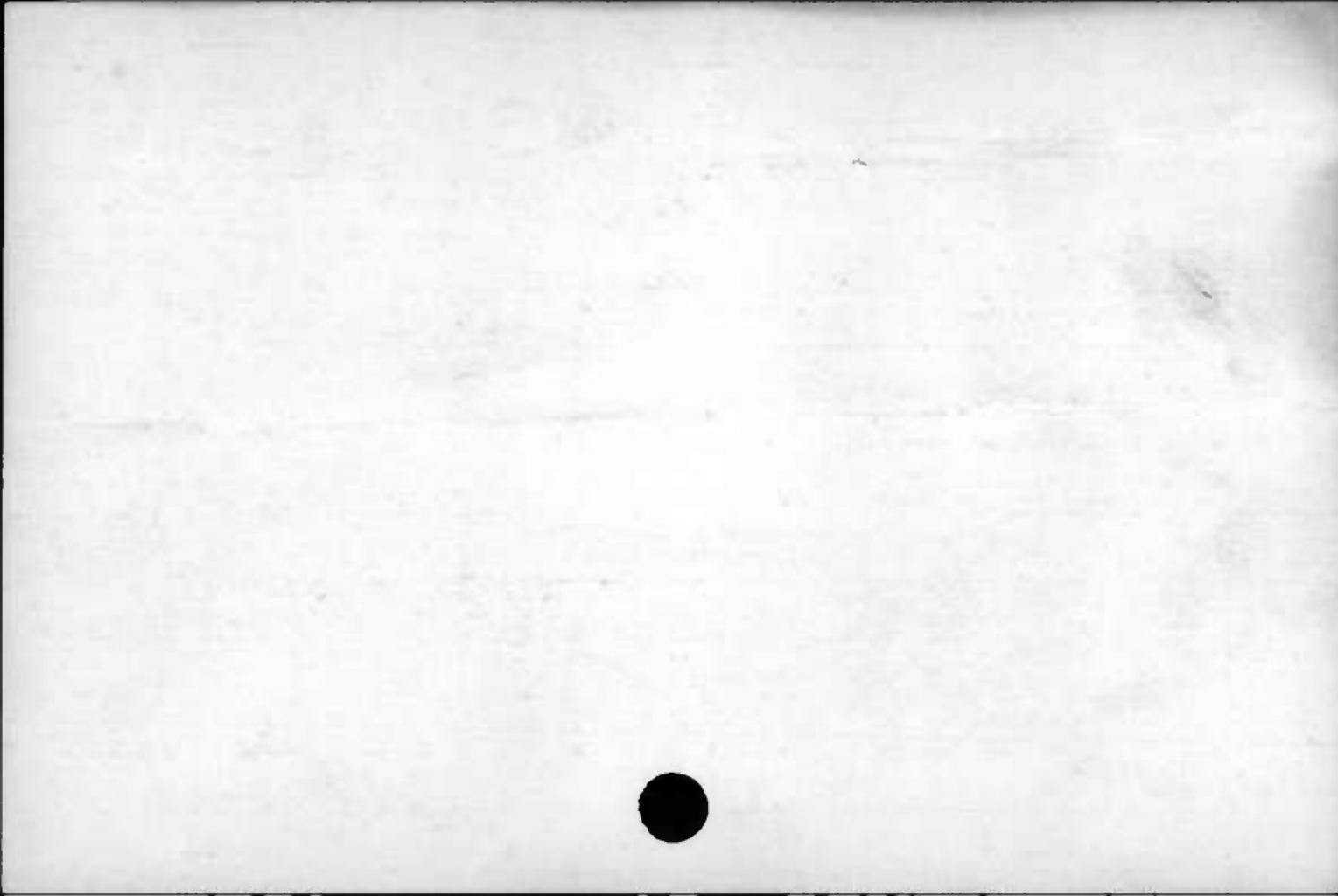
To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll Co.		County	MARYLAND	
Date of death	1905	Month 12	Day 1st	Age 50	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Baltimore, Md.	
Occupation	Locomotive Engineer			Where Residing if not at place of death	Mrs Alice Heitland		
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	York Pa	
Father's Name	Henry Heitland				Mother's Birthplace		
Mother's Maiden Name	not known				How related to deceased		
Name of person giving information	Hospital Records.						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Paresis		(6)	How long	5 years
Immediate	Cerebral Congestion		(6)	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		To best	Signature of Physician	W. Henry Fisher M.D.	
of my knowledge.			Address	Sykesville Md.	
Accident or Suicide?		None.			



Name

John Frank Klio Hasson
Town
Died at Westmister

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1905	Dec	3	64	8	6

Sex	Hale	Color or Race	White	Birth-place	Carroll Co Md
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Occupation	Retired	Where Residing if not at place of death
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Married, Single or Widowed	Married	Name of Wife or Husband
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Father's Name	John Hasson	Father's Birthplace	Carroll Co Md
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Mother's Maiden Name	Jennie Crawford	Mother's Birthplace	" "
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Name of person giving Information	Harry Hasson	How related to deceased	Son,
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CAUSES OF DEATH

Primary

Myocarditis

How long

3 years

Immediate

Cardiac Syncope

How long

1 hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. J. Ha

Well St

229

Accident or Suicide?

Stones
St. Beaupreus Cemetery

Name
in
Full

Elisha C. Hoddinott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Springfield Hospital		Town		County		MARYLAND	
Date of death	1905	Month Dec	Day 27	Age	Years 63	Months	Days
Sex	Male	Color or Race	White	Birth-place		Md.	
Occupation	Carriage-Master		Where Residing if not at place of death				
Married, Single or Widowed	Morris	Name of Wife or Husband	Elizabeth -				
Father's Name	George Hoddinott		Father's Birthplace	England			
Mother's Maiden Name	Elizabeth Christopher		Mother's Birthplace	Scotland			
Name of person giving information	Geo W. Hoddinott		How related to deceased	Son			

CAUSES OF DEATH

Primary Alcoholic - dementia How long about 2 yrs
Immediate Cerebral congestion How long 21 days

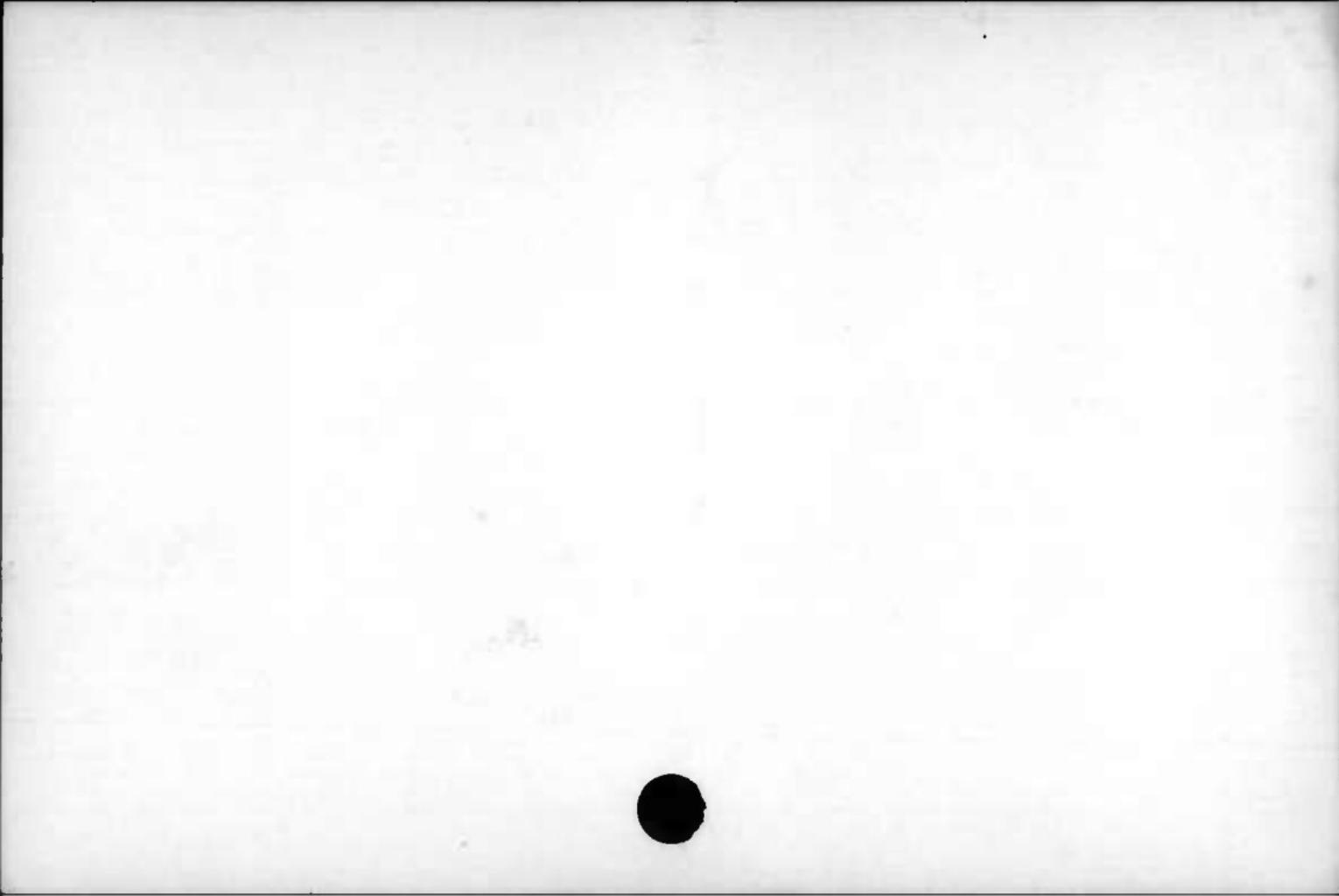
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Char. J. Carey M.D.
Springfield Hospital
Lyonsville Md.

Accident or Suicide?



Name
in
Full

Charles Henry Hoffacker

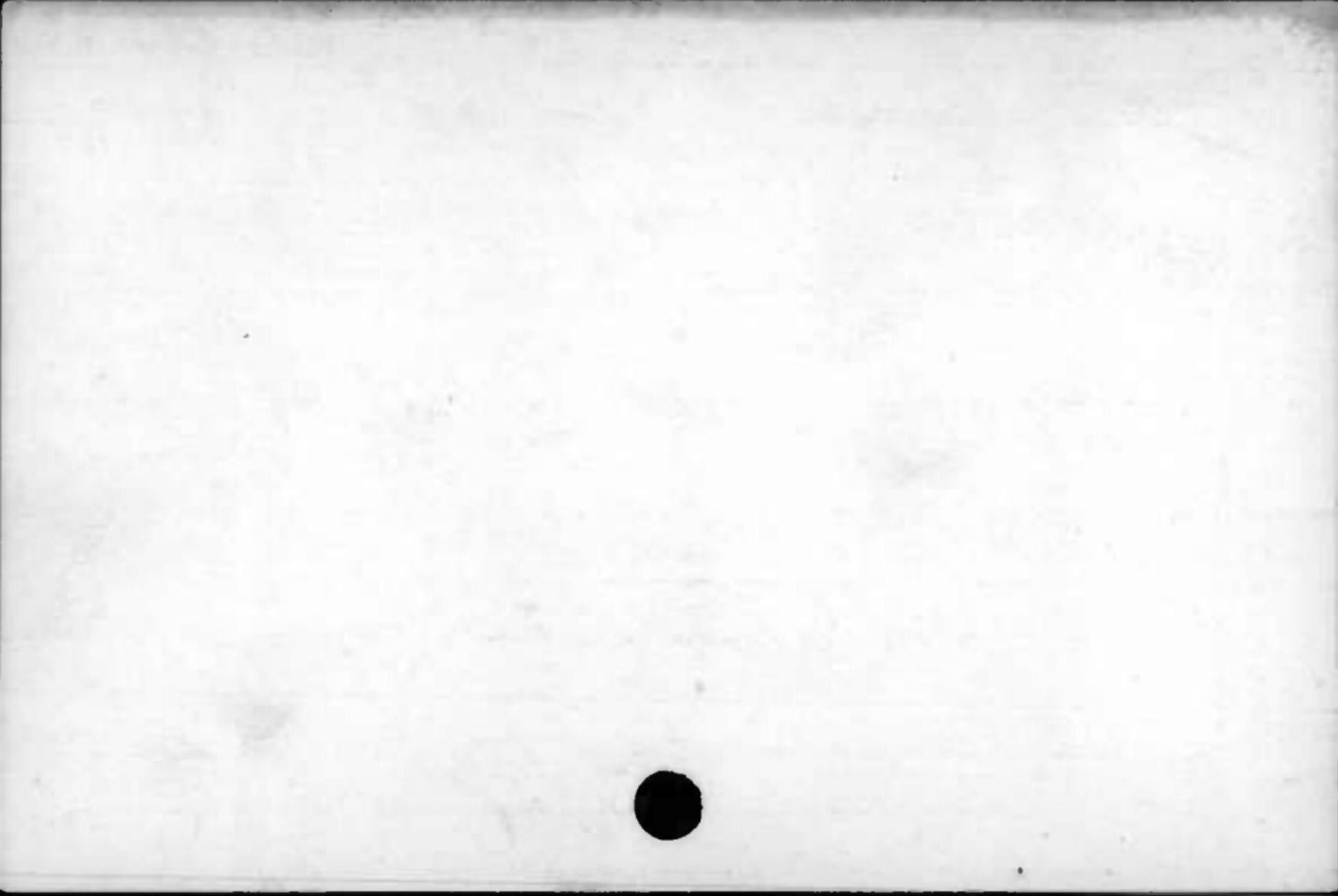
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month Nov	Day 29	Years Age
Sex Male	Color or Race White	Birth-place	Days 6 hrs
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Carroll Co
Father's Name	Lambl, J. Hoffacker	Mother's Birthplace	Golf Co Pa
Mother's Maiden Name	Jessie C Hoffacker	How related to deceased	Son
Name of person giving information	Lambl, J. Hoffacker		

CAUSES OF DEATH

Primary	(85)	How long
Immediate Hemorrhage	(85)	2 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Elizabeth Anne Kervchner

Town

Snydersburg

County

Carroll

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec 20

Age

77

2

2

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Joel Kervchner

Wife

Mother's Name

Father's Name

John Smith

Cause of

Primary

Bright's Disease

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

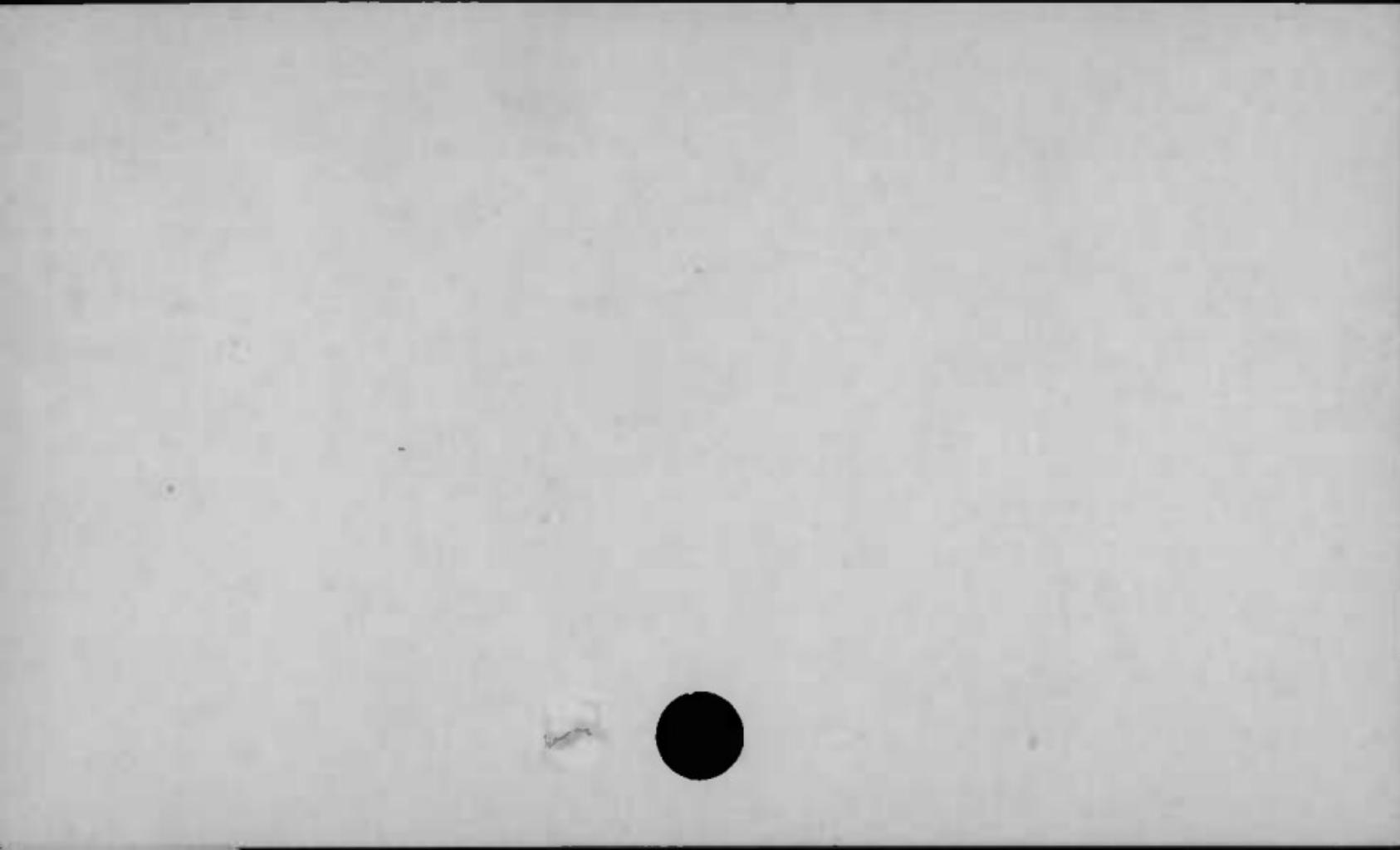
Reported by

J. H. Sherman MD

Address

Mandeville Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George W. Lambert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah F. Lambert			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Katie J. Galtrider	How related to deceased			Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

How long

5 years

Immediate

Gastro

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

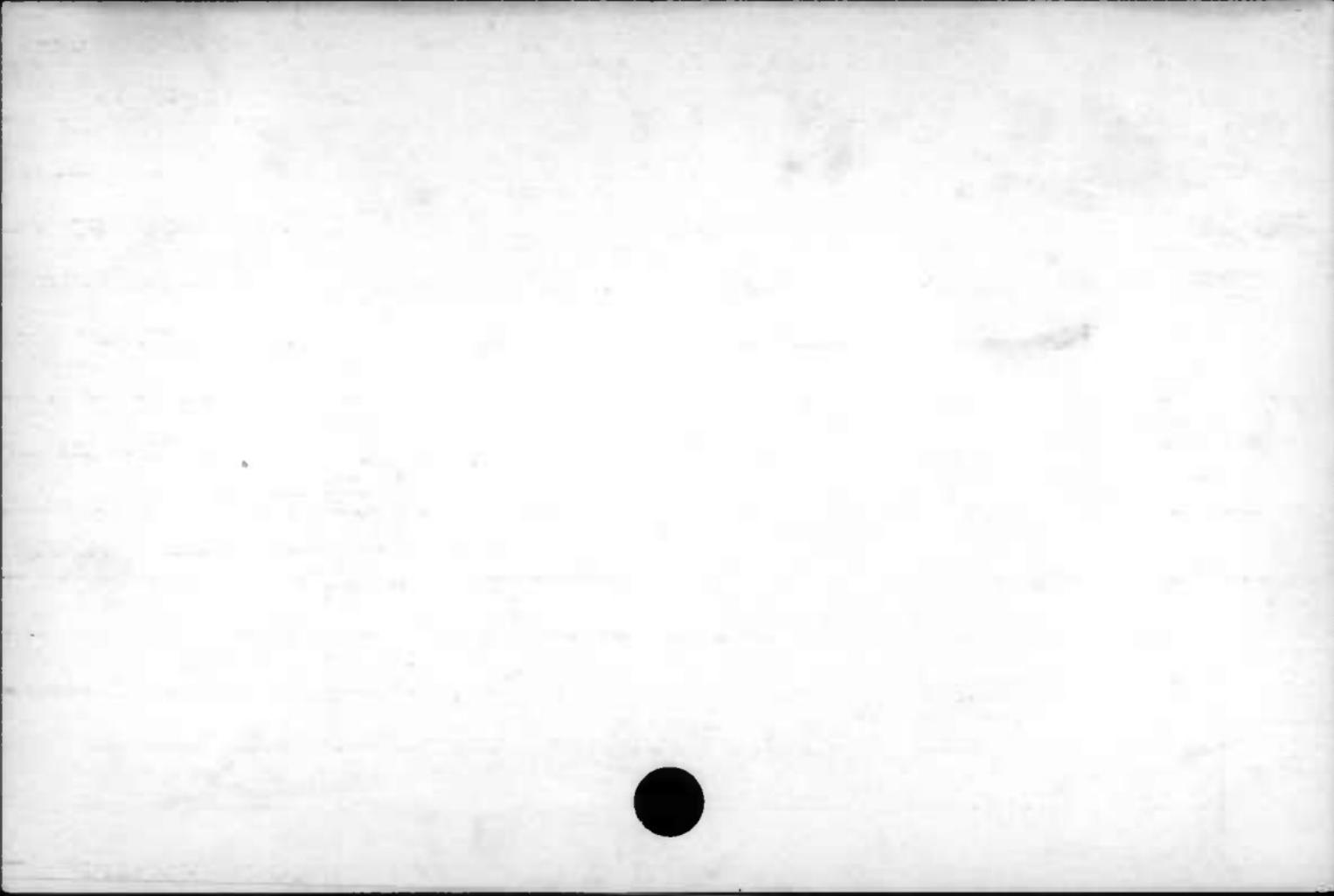
yes

Signature of Physician

Address

J H Preston and
Wadechester

Accident or Suicide?



Name
in
Full

Charles Ezra Martin

CERTIFICATE OF DEATH

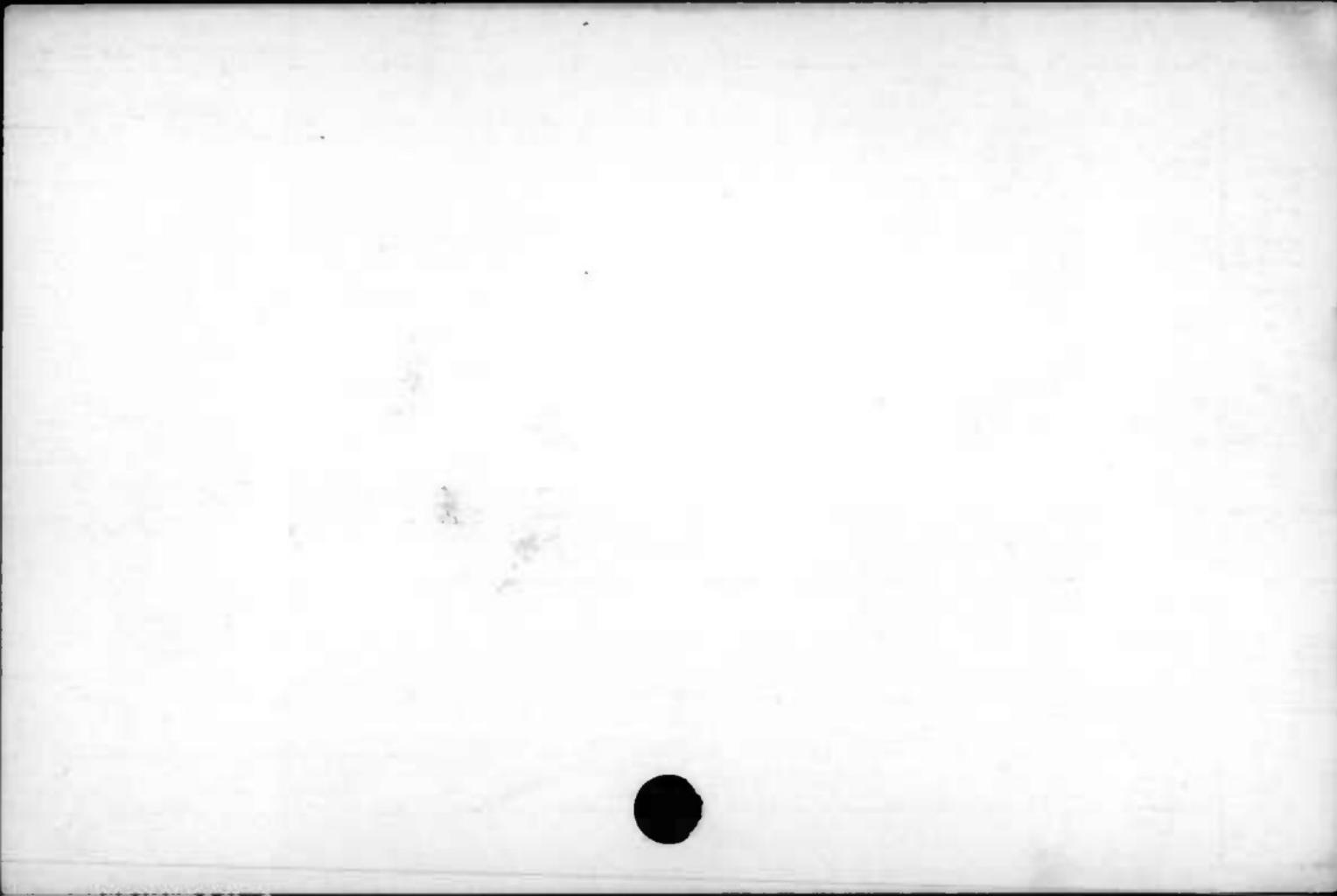
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mulford</u>		Town <u>Carroll</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>11</u>	Years <u>48</u>	Age <u>48</u>	Months <u>2</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>W</u>			Birth-place <u>Md</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Mulford</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ella A. Martin</u>			Father's Birthplace <u>Md</u>		
Father's Name <u>Joseph Martin</u>			Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Henrietta Stevenson</u>			Name of person giving Information <u>Dr. Martinson</u>	How related to deceased <u>No.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>7 months</u>
Immediate <u>Complication of tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. Stevenson</u>
	Address <u>New Windsor</u>
Accident or Suicide?	



Name
in
Full

Edna G. Melville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Gaithers	Carroll				
Date of death	Month	Day	Years	Months	Days
1905	Dec	23	30		
Sex	Female	Color or Race	white	Birth- place	Md.
Occupation	on home	Where Residing if not at place of death		same	
Married, S on Wife	Name of W Husband	Wm. E. Melville			
Father's Name	John E. Gaithers			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Husband	(39)		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pelvic abscess	How long	3 yrs
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above?

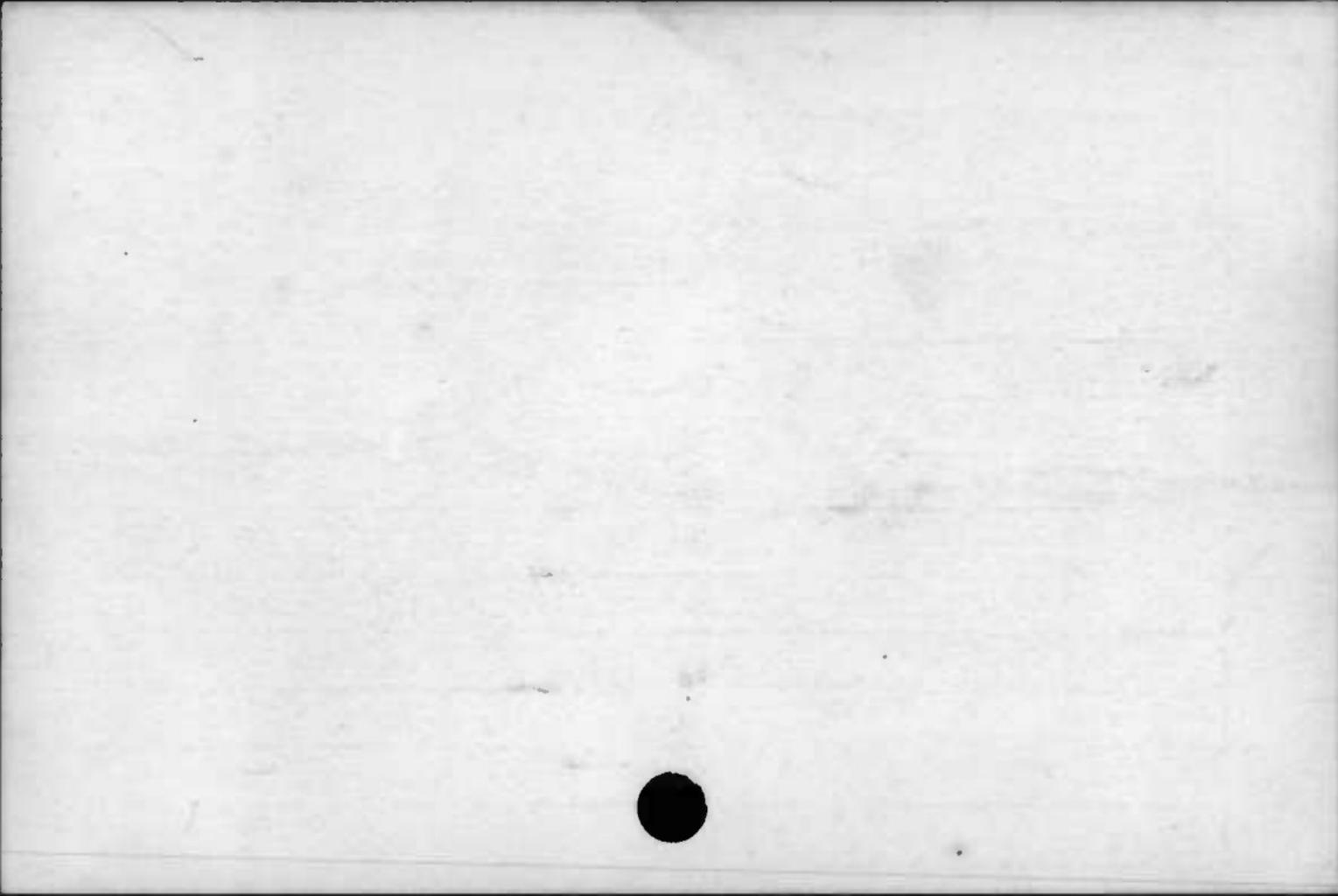
yes

Signature of
Physician

Address

M D Morris
Eldersburg Md

Accident or Suicide?



Mrs. Jessie W. Molley			
Died at Date	Town Month	County	State Occupation
Mar 1905	Mount airy Dec 16	Carroll	MARYLAND House wife
Mate	White	Age Y. M. D.	Native of Maryland
Female	Colored	Married	Widow Divorced
Husband of Wife	Jessie W Molley		
Father's Name	Jessie Brandon bly		
Cause of Death	Primary Immediate	Mother's Name	How long sick 10 days
Reported by	David M. Devilbiss, M.D.		
Address	Woodville Md.		

(A large circle is drawn over the signature of the physician, David M. Devilbiss, M.D.)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Myers

Town

Lumboro

County

Carroll

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Maryland

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of Children living

None

Husband of

Wife

Jacob L Myers

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

(3)

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Winchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John J. Norman

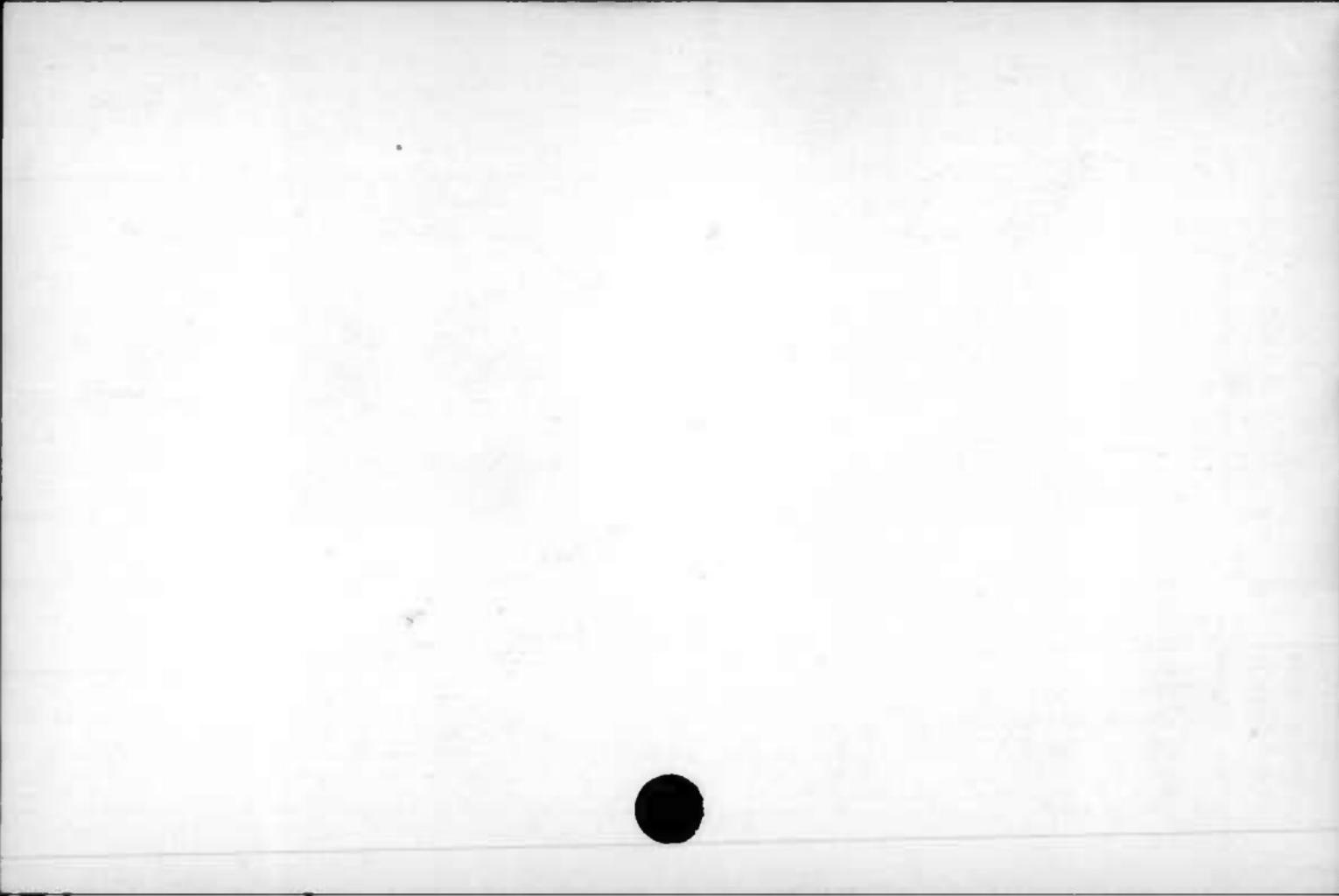
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
Hospital Records.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralytic Dementia	(b)	How long	?
	Immediate	General Debility		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		To best of my knowledge.	Signature of Physician	W. Henry Fisher	
			Address	Sykesville Md.	
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Eastview</u> Town			County <u>Carroll</u>			MARYLAND	
Date of death <u>1905</u>	Month <u>dec</u>	Day <u>3</u>	Age <u>21</u>	Years <u>2</u>	Months <u>2.</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death _____						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____						
Father's Name <u>George W Ogg</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Laura J Williams</u>	Mother's Birthplace <u>Id</u>						
Name of person giving information <u>Garfield Ogg</u>	How related to deceased <u>Brother</u>						

CAUSES OF DEATH

Primary

Acute Intercostal

How long

6 month

Immediate

Heart Effusion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr D Wells
Dissemination

Accident or Suicide?

~~W.W.~~
Shaw
Dear Past & Cleasby

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Otto

Town

County

CERTIFICATE OF DEATH

Died at

Janeytown

Carroll

MARYLAND

Date

of death

1905

Month

Dec

Day

8

Years

50

Age

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Ind

Occupation

Latner

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Birthplace

Ind

Father's
Name

David Otto

Mother's
Birthplace

Ind

Mother's
Maiden Name

Martha Leavens

How related
to deceased

Son

Name of person giving
Information

John Otto

90

CAUSES OF DEATH

Primary

Senile debility

How long

Immediate

Bronchitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

LeGrice
Janey town

Accident or Suicide?



Name
in
Full

Chas. Eugene Pickett
near Taylorsville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	39	18
Married, Single or Widowed	Married	Occupation	Farming		
Name of Wife or Husband	Verdie U. Karr				
Father's Name	Jhos. Pickett - (deceased)	Father's Birthplace	Maryland.		
Mother's Maiden Name	Lydia Swatz. (deceased)	Mother's Birthplace	Maryland.		
Name of person giving Information	Isabelle Franklin	How related to deceased	Sister.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	120	How long	1 yr
Immediate	Uremic convulsions	120	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician Address

A T Leroux
Wingfield Md.

Accident or Suicide?

Taylorsville

Name
in
Full

Charles Reck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/>	Town <i>Ganeytown</i>	County <i>Carroll</i>	MARYLAND			
Date of death <i>1905</i>	Month <i>12</i>	Day <i>15</i>	Age <i>81</i>	Years	Months <i>10</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Cox</i>					
Father's Name <i>John Reck</i>				Father's Birthplace <i>C</i>		
Mother's Maiden Name <i>Hiteshew</i>				Mother's Birthplace		
Name of person giving information <i>Hannie Reck</i>				How related to deceased <i>Son</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

(13)

How long

7 days.

Immediate

Failure of respiration

How long

1/2 day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

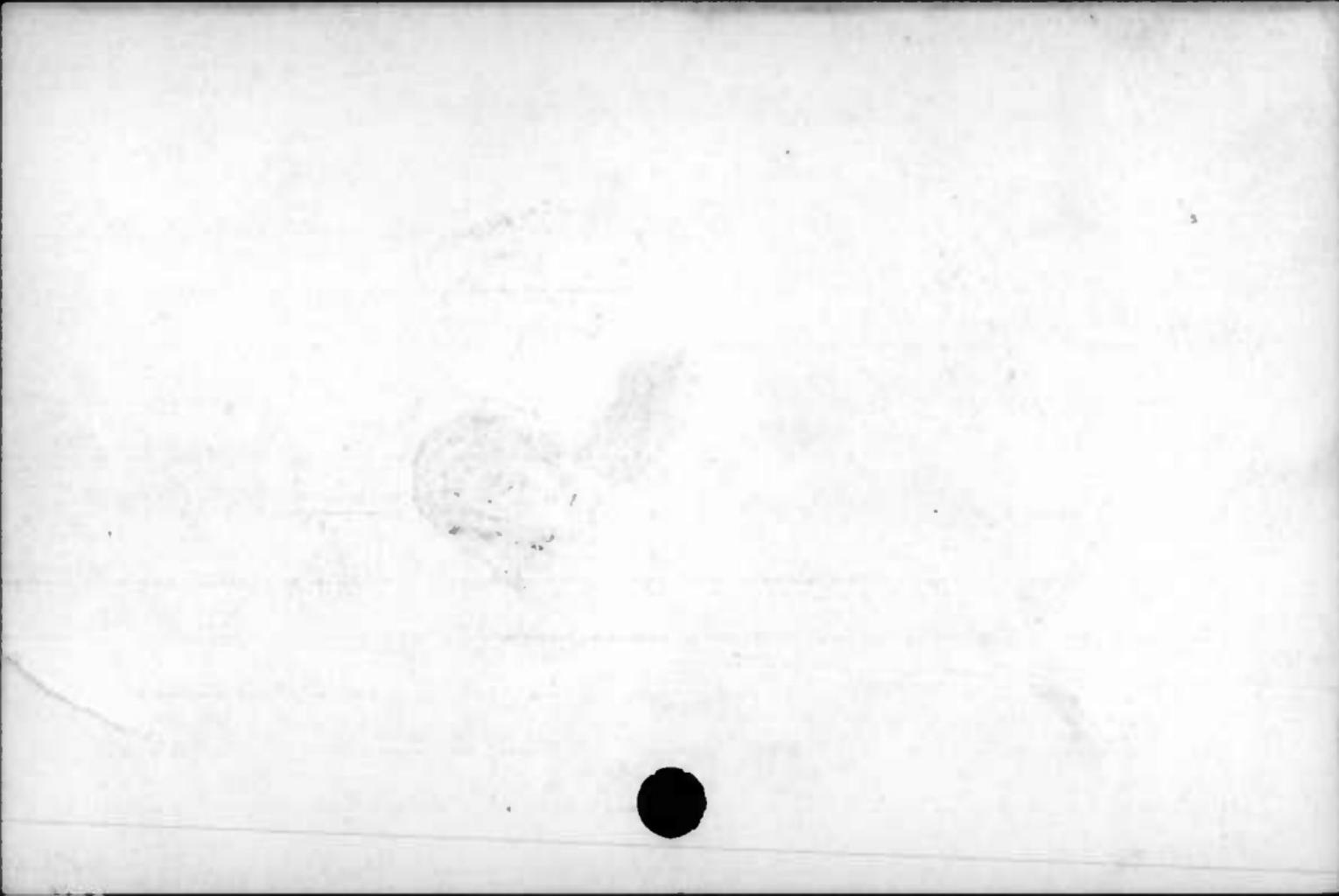
J. H. Seiss,

Address

Ganeytown.

md.

Accident or Suicide?



Name
in
Full

James Wilson Rhubottom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	New Sykeville	County	MARYLAND					
Date of death	1903	Month Die	Day 5	Years 1	Months 6	Days —		
Sex	Male	Color or Race	African	Birth-place	Carroll Co			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	John Rhubottom						Father's Birthplace	Carroll Co
Mother's Maiden Name	Ida Y. Johnson						Mother's Birthplace	Carroll Co
Name of person giving Information	Challener Thomas						How related to deceased	S-Cousin

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Hypertension

⑨3

How long

About 1 mo

Immediate

Myomaria

How long

About 5 days

Are the name, age, sex, color, date and place correctly given above?

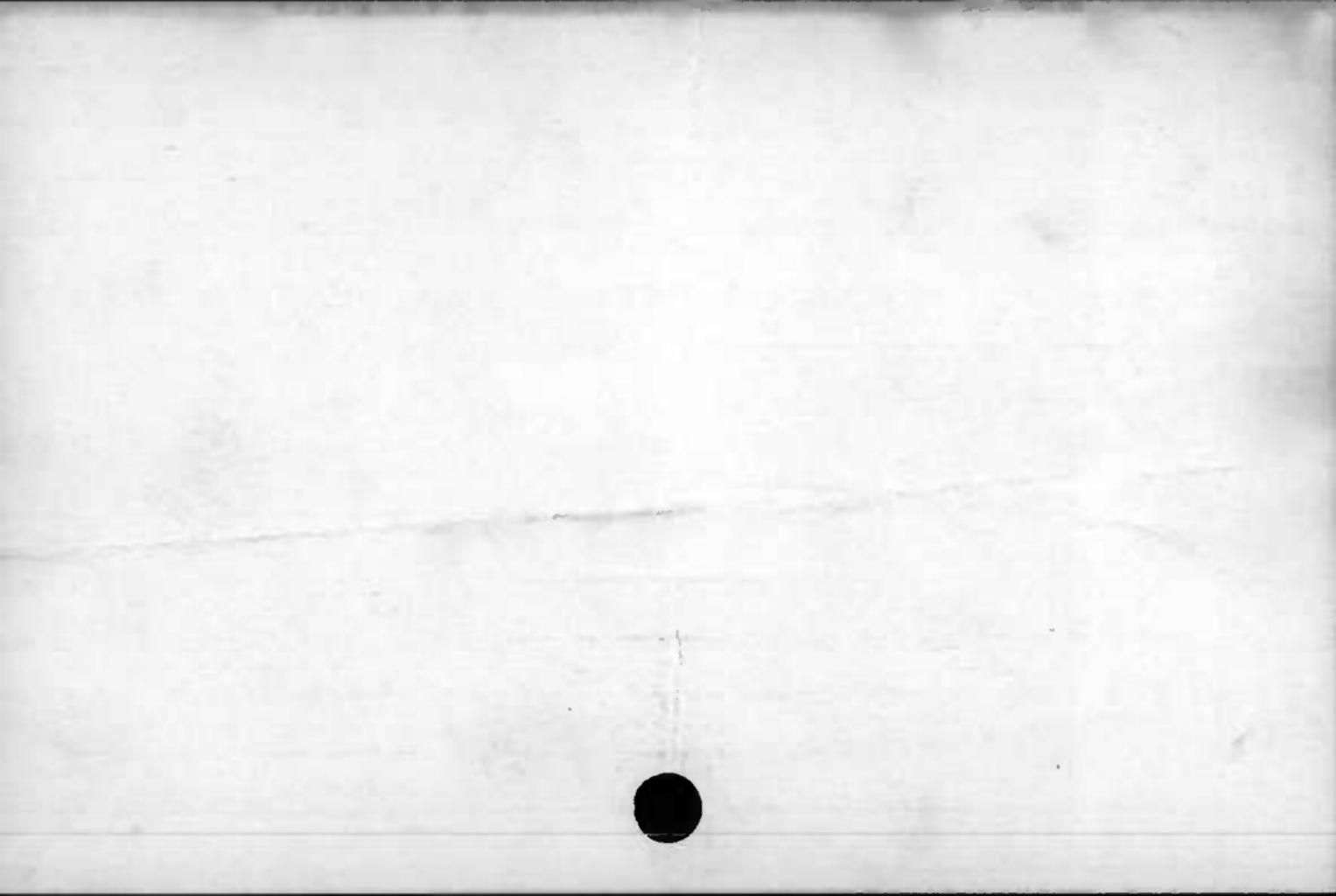
Yes

Signature of Physician

Address

C. H. Niffinger
New Sykeville

Accident or Suicide?



Mrs Annie H. Simmons

Town

County

MARYLAND

Died at

Lumbro

Carroll

Died at

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1905

Dec

11

89

9

8

Germany

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

3 days

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William McClane Smith

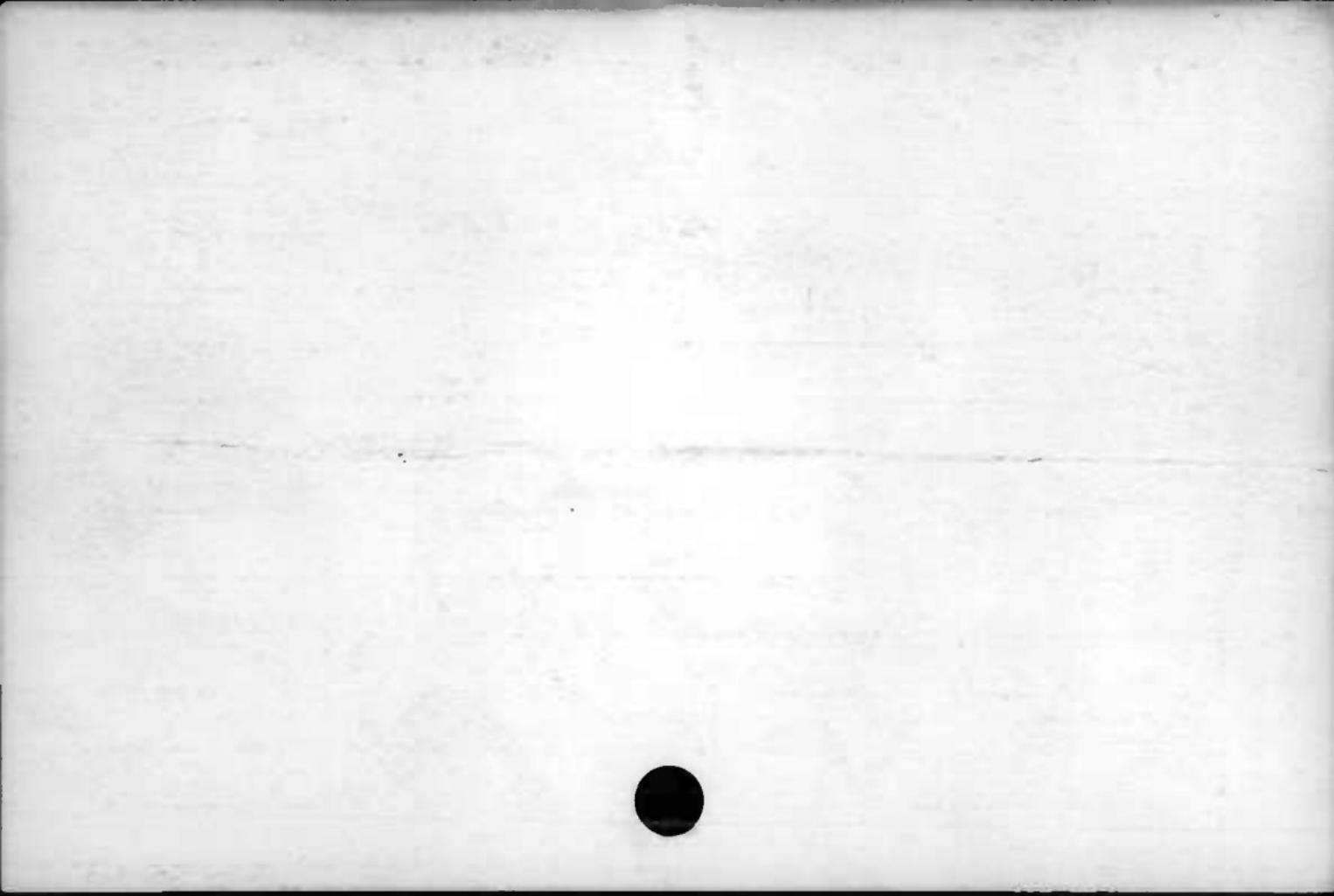
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died near Sykesville	Carroll		
Date of death 1905	Month Dec.	Day 19	Years 2
Sex male	Color or Race Colored	Birth-place Md.	Days -
Occupation none	Where Residing if not at place of death —		
Married, Single or Widowed —	Name of Wife or Husband —	Father's Birthplace Md.	Mother's Birthplace Md.
Father's Name Henry Smith	Mother's Maiden Name Maggie Collins	How related to deceased Father	Name of person giving information Henry Smith

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Broncho-pneumonia	How long 3 weeks
	Immediate	Pericarditis	How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	MD Morris Eldersburg
Accident or Suicide? no.			



Name
in
Full

Matilda Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Dec.	1	76	10	18
Sex	Female	Color or Race	White	Birth-place	Baltimore Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	David Little	Father's Birthplace	Pa		
Mother's Maiden Name	Susie Little	Mother's Birthplace	Pa		
Name of person giving Information	George Stansbury	How related to deceased	Son		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Lung disease

How long

2 month

Immediate

Old Age

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.L. Bott "MD,
Westminster Md

Accident or Suicide?

Stonewall

Silvers Run

Name
in
Full

Dwain Daniel Stoner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>- 14th</u>	Age <u>eleven</u>	Years <u>11</u>	Months <u>Three</u>	Days <u>3</u>	<u>fourteens</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death		Birthplace <u>Westminster, Md</u>			
Occupation							
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Harry Daniel Stoner.</u>					Father's Birthplace <u>Westminster, Md</u>		
Mother's Maiden Name <u>Cora Elizabeth Potter</u>					Mother's Birthplace <u>Fairbury, Ill.</u>		
Name of person giving information <u>H. D. Stoner</u>					How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<u>Tuberculosis (Chronic)</u>		How long <u>several years</u>
Immediate	<u>Congestive of Lungs</u>		How long <u>12 hours -</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Chas. R. Gandy, M.D.</u>
		Address	<u>Westminster</u> <u>Md</u>
Accident or Suicide? _____			

at Brethren cemetery
Stoner

Name
in
Full

Rosie T. Judwig

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Place of death	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	R. P. Judwig			Father's Birthplace	Virginia.
Mother's Maiden Name	Caroline B. Muller			Mother's Birthplace	Virginia.
Name of person giving Information	R. P. Judwig			How related to deceased	Muller.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis three years.

Intermediate

Are the name, age, sex, color, date and place correctly given above?

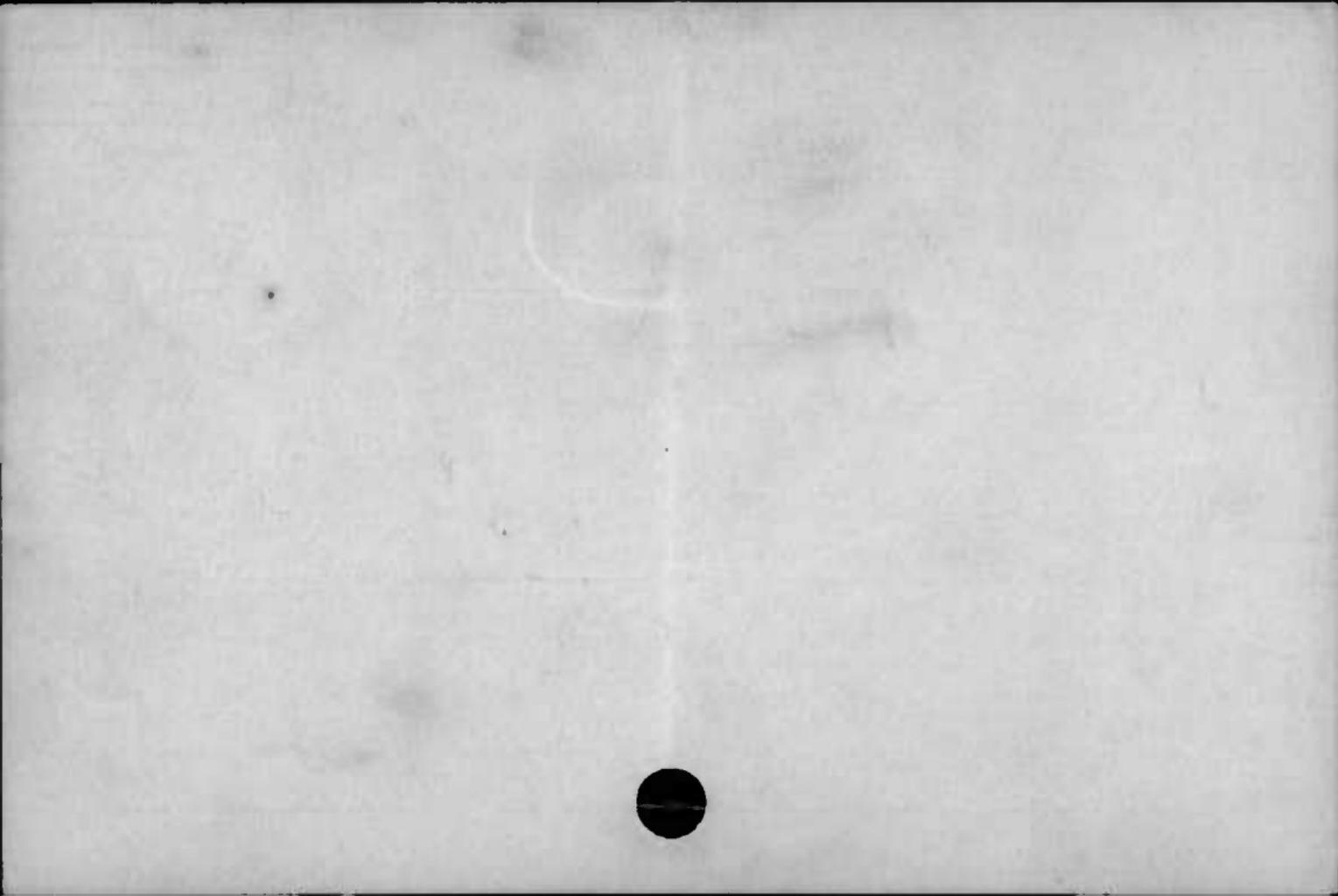
Yes

Signature of Physician

Address

Harrisonville
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Sarah Swartzbaugh		Town Wilmington	County New Castle	MARYLAND		
Died at	Date of death 1905	Month Dec	Day 26	Age 78	Years 6	Months 6
Sex Female	Color or Race White	Birth- place Maryland	Days 6			
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband John Swartzbaugh	Father's Name Edward F. Prentiss	Father's Birthplace Lanc.			
Mother's Maiden Name Susan Stevens	Mother's Birthplace "					
Name of person giving Information Charles Sykes	How related to deceased Bethelida					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexia

How long

few hours

Immediate

OK

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. F. Dingley M.D.
Westminister Md.

Accident or Suicide?

Shearer
~~Hartington~~

Name
in
Full

John Tighe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at Springfield Hospital		Carroll	Months	Days
Date of death 1905	Month 12 th	Day 12 th	Age 36	Years
Sex Male	Color or Race White	Birth-place Balt. Md.		
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
Hospital Records.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Paroxysm
How long 3 yrs.
Immediate Renal Colic
How long 18 hours.

Are the name, age, sex, color, date and place correctly given above?

To best

Signature of Physician

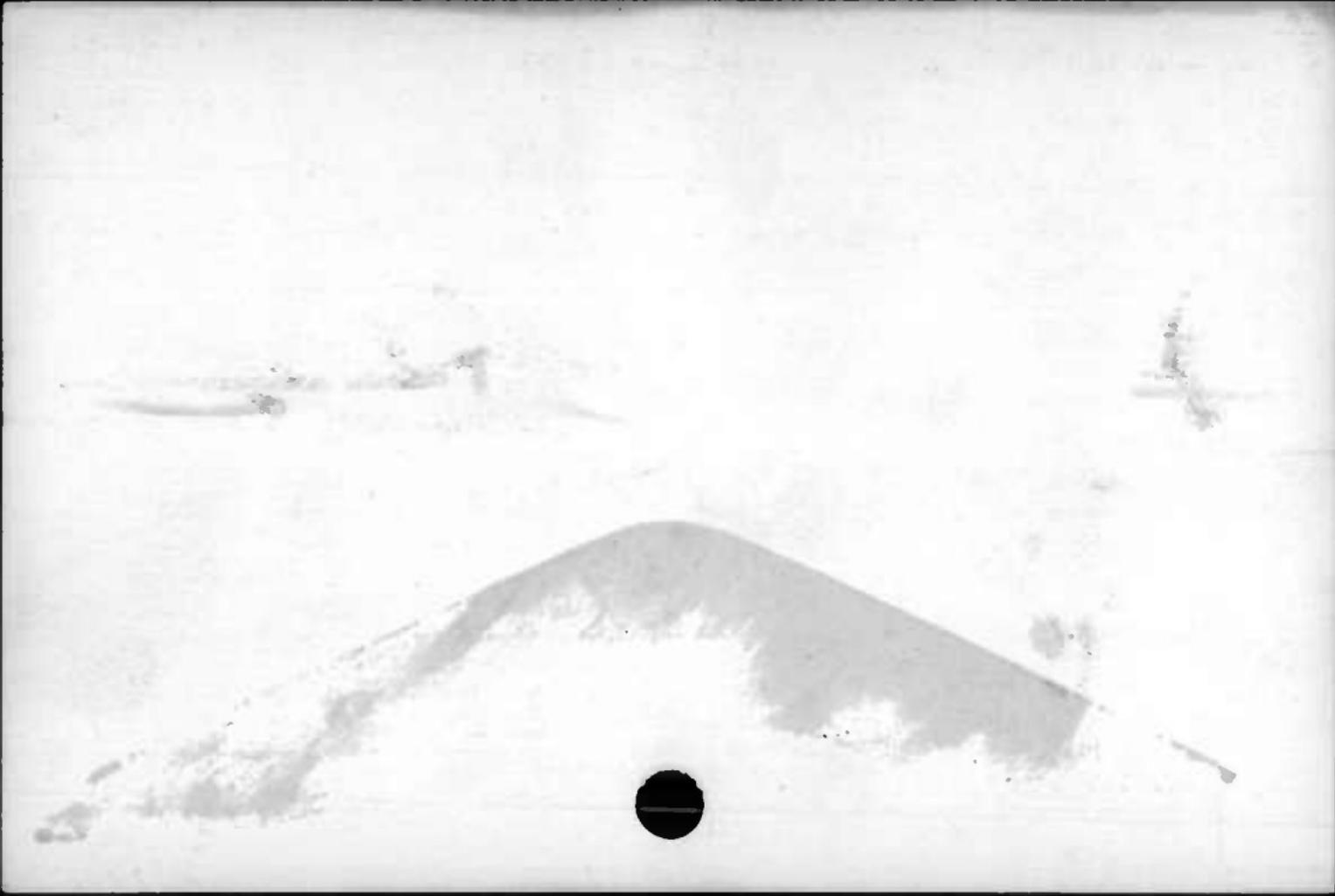
W. Henry Fisher

of my knowledge.

Address

Sykesville
Md.

Accident or Suicide?



Name
in
Full

Sarah T. Waters

CERTIFICATE OF DEATH

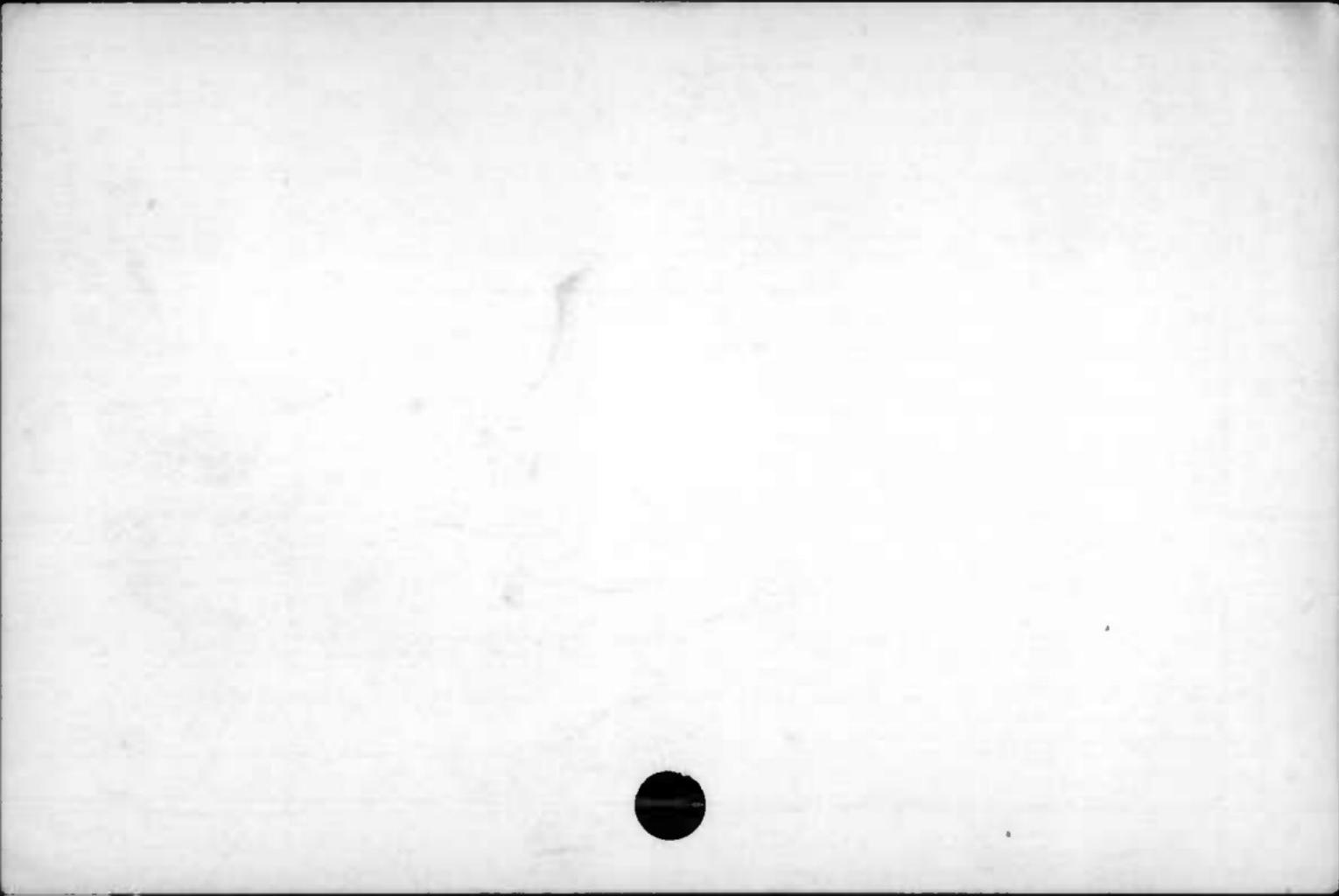
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	MARYLAND
Date of death	Month	Day	Years Months Days
1905	Dec.	6	Age 65
Sex	Female	Color or Race	White American Birth-place
Occupation	Teacher	Where Residing if not at place of death	At home of Dr. S. R. Waters near Watertown
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	R. S. R. Waters	Father's Birthplace	
Mother's Maiden Name	Rachel Mackelfish	Mother's Birthplace	Montgomery Co., Md.
Name of person giving information	Miss Estelle Waters	How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	Cerebral Hemorrhage	9 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		W. E. L. Sauer
	Address	Ent Airy, Md.
Accident or Suicide?		



Name
in
Full

Bradley Franklin Augustus Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Sykesville	Carroll					
Date of death 1905	Month Dec	Day 5	Age 15	Years	Months	Days
Sex Male	Color or Race Black	Birth-place Carroll Co. Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Osbourne Williams	Father's Birthplace Howard Co.				
Mother's Maiden Name	Blanche Dorsey	Mother's Birthplace Howard Co.				
Name of person giving information	Osbourne Williams	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

4 days

Immediate

Convulsion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

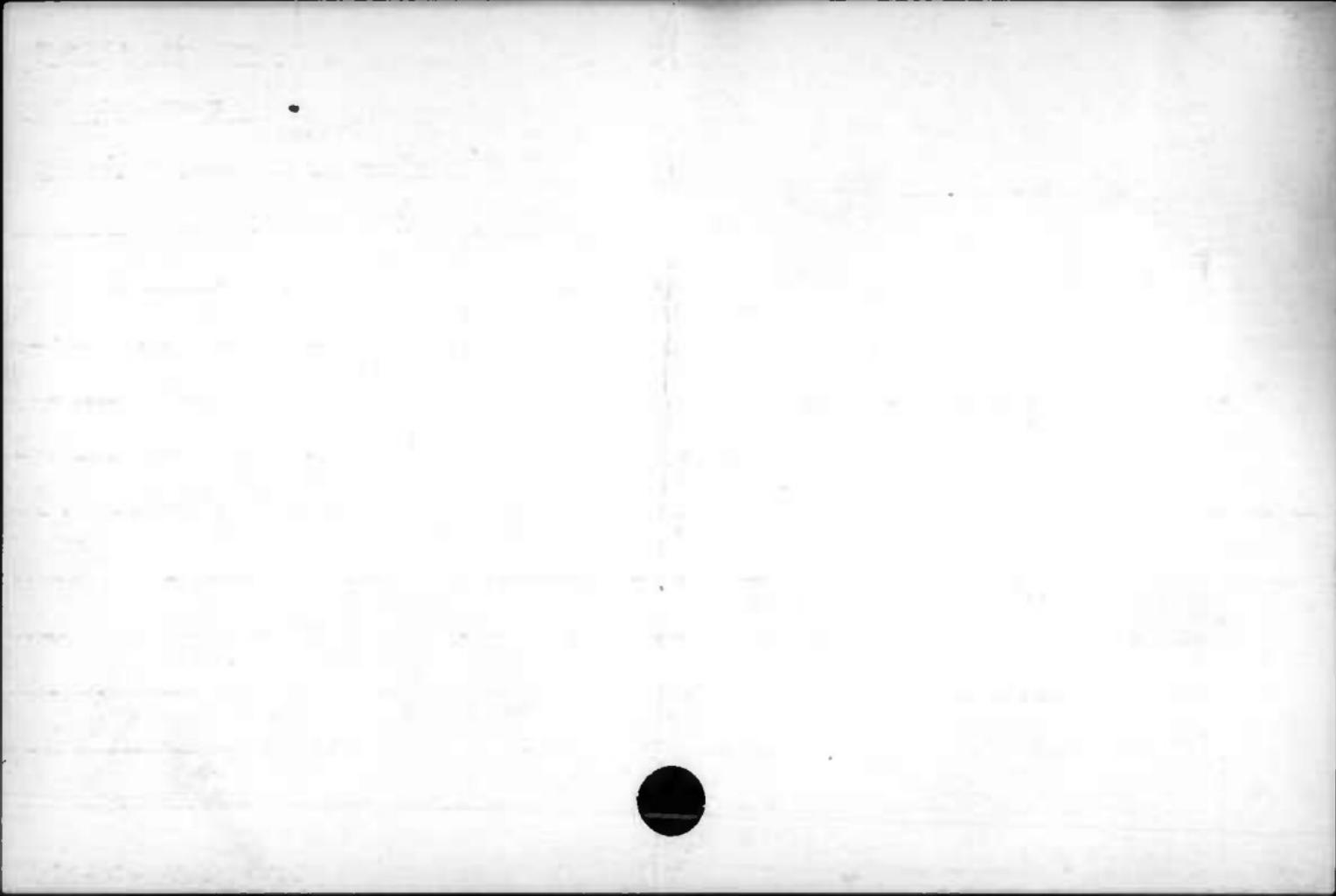
David B. Gruener

Address

Sykesville

Dad

Accident or Suicide?



Name in Full

Certificate of Death

Masura S. Wine

Town

County

Died at Manchester Carroll

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1905 1905	12	26	Age 30	8. 28	America	Teacher	
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband
of

Wife

Father's

Name

Mother's
Name

Perry Wine Bassa Ann Wine

Cause of Primary Nephritis with Peritonitis How long sick 12 days

Death Immediate Abdominal Abscess Accident, Suicide, Homicide

Reported by

J. T. B. Weaver, M. D.
Manchester Maryland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elvie Mae Guse

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	Greenvale		County	Carroll	
Died at	Month	Day	Years	Months	Days
Date of death 1905	Dec	17	Age 29	3	8
Sex Female	Color or Race	White	Birth-place	Littlestation	
Occupation Housewife	Where Residing if not at place of death			Baltimore	
Married, Single or Widowed Married	Name of Wife or Husband	Albert A. Gusey			Jacobs Mill
Father's Name Hiram H. Eichelberger	Father's Birthplace		Hanover		
Mother's Maiden Name Emma Britcher	Mother's Birthplace		Hanover		
Name of person giving information Rev. H. H. Guse,	How related to deceased		by marriage		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsive convulsions

How long

Immediate

Convulsive coma

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

yes

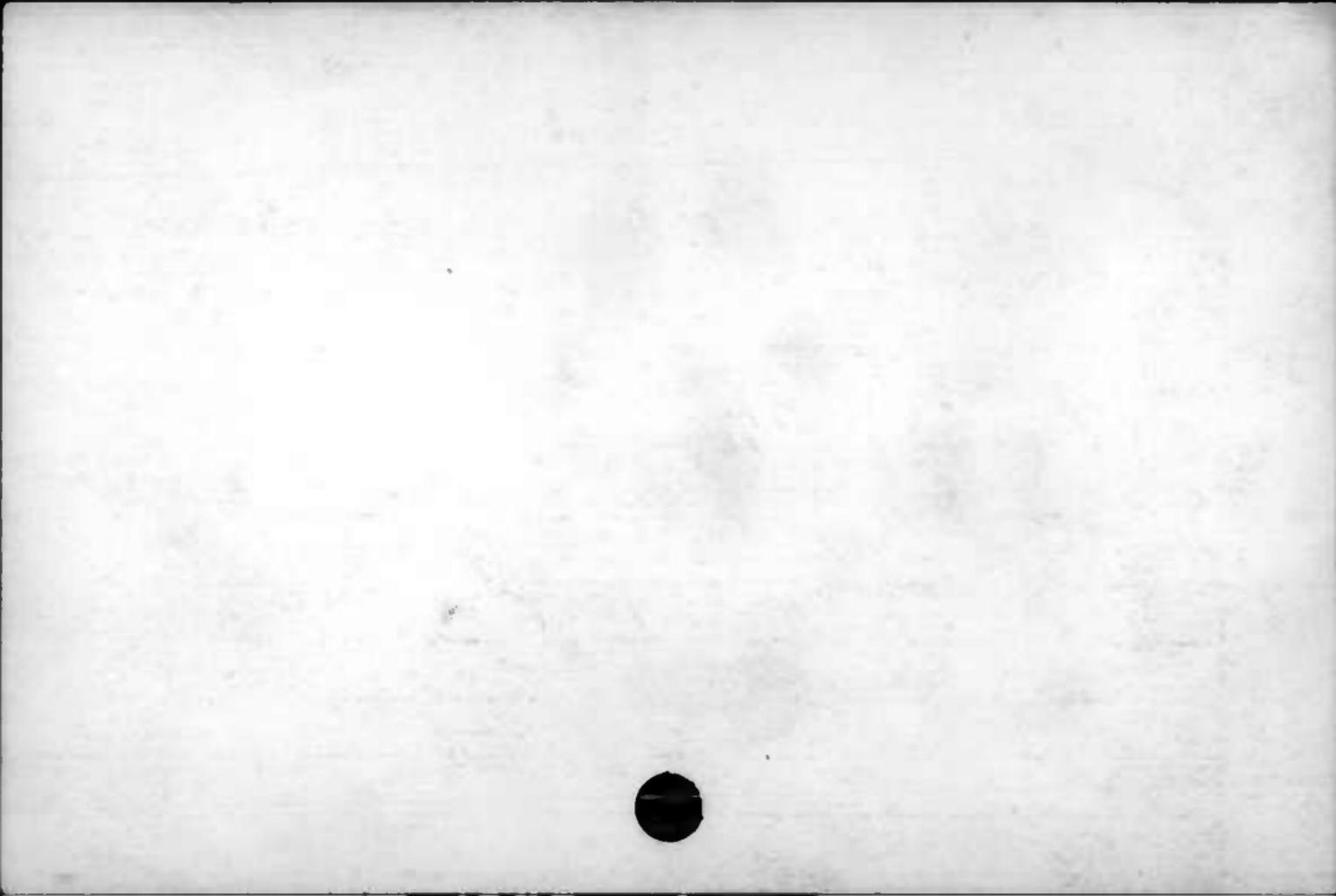
Signature of Physician

Address

H. H. Preston.

Baltimore Md

Accident or Suicide?



Name
in
Full

Margarek Zuse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex Female	Color or Race	Age 59	Birth-place	Johns Hopkins
Occupation Housewife	Where Residing if not at place of death			Green Mount
Married, Single or Widowed	Name or Wife or Husband	Augustus Zuse		
Father's Name	Mother's Maiden Name			Father's Birthplace
Mother's Maiden Name	Name of person giving Information			Mother's Birthplace
Reary Zuse			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Liver

(40)

How long

Immediate

Gangrene

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. & Preston WES
Massachusetts
Kid

Accident or Suicide?

